

FILED AUG 6 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. 23035

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 362

I. PLACE OF DEATH

a. COUNTY

CAPE GIRARDEAU

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

CAPE GIRARDEAU

c. LENGTH OF STAY (In this place)

6 days

d. FULL NAME OF HOSPITAL OR INSTITUTION

SOUTHEAST MISSOURI HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

SCOTT

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

CHAFFEE

d. STREET ADDRESS

219 BLACK AVE

3. NAME OF DECEASED (Type or Print)

a. (First)

JESSIE PEARL

b. (Middle)

ELBA SCHLOSSER

c. (Last)

4. DATE OF DEATH

(Month)

(Day)

(Year)

July 29, 1956

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN. 8, 1910

9. AGE (In years last birthday)

46

If under 1 year

Months

Days

If under 12 hrs. Hours Min.

6

21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALES LADY - OWNER

10b. KIND OF BUSINESS OR INDUSTRY

PEARLE'S EXCHANGE STORE

11. BIRTHPLACE (State or foreign country)

DELTA, MISSOURI

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

JOSEPHUS HENDRICKSON

13b. MOTHER'S MAIDEN NAME

MARY JANE CROSS

14. NAME OF HUSBAND OR WIFE

ADAM FELIX SCHLOSSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

490-24-9675

17. INFORMANT'S SIGNATURE OR NAME

Adam Schlosser - CHAFFEE, MO.

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Cerebral Thrombosis

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

6 da

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

332X

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-23, 1956, to 7-29, 1956, that I last saw the deceased alive on 7-29, 1956, and that death occurred at 8 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Haired Ridings MD

23b. ADDRESS

Cape Girardeau, Mo

23c. DATE SIGNED

7-31-56

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

8-1-1956

24c. NAME OF CEMETERY OR CREMATORY

FAIRVIEW CEMETERY

24d. LOCATION (City, town, or county) (State)

ARBOR, MISSOURI

DATE REC'D BY LOCAL REG.

7-31-56

REGISTRAR'S SIGNATURE

C. C. Summers

25. FUNERAL DIRECTOR'S SIGNATURE

Bispinghoff Funeral Home - CHAFFEE, MO.

ADDRESS

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

Dec 18 1956
AUG 23 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jack I. Linnett

Licensed Embalmer No.

4473

P. O. Address

Chaffee, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.